



# **General Dental Practice Inspection (Announced)**

Bupa Dental Care

Tredegar/Aneurin Bevan

University Health Board

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2019

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Bupa Dental Care Tredegar at Gwent Shopping Centre, Tredegar, NP22 3EJ within Aneurin Bevan University Health Board on the 4 November 2019.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that Bupa Dental Care Tredegar was providing safe and effective patient centred care.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service provided at the practice as excellent.

However we needed to make some recommendations to ensure the practice was meeting all relevant regulations and standards

This is what we found the service did well:

- Staff were polite and professional when speaking with patients
- Patients could provide feedback about their experiences of the care and treatment received at the practice
- The practice was committed to continuously improving patient care and outcomes
- Suitable facilities were in place for staff to change and securely store their possessions
- Comprehensive policies and procedures were in place to ensure the safety of staff and patients.

This is what we recommend the service could improve:

- Make adjustments to the infection prevention and control procedures
- clinical record keeping
- Carry out routine maintenance to the surgeries.

There were no areas of non-compliance identified at this inspection.

## 3. What we found

### **Background of the service**

Bupa Dental Care Tredegar provides services to patients in the Tredegar area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes a practice manager, five dentists, a dental hygienist, six dental nurses and two reception staff.

The practice provides a range of NHS and private general dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We found suitable processes in place at Bupa Dental Care Tredegar to help ensure a positive experience for patients at the practice.

The service provided a suitable range of health promotion literature for adults and children.

The practice was situated at street level and accessible for everyone, including anyone with mobility difficulties.

There were processes in place to ensure patients' dignity and confidentiality was upheld.

Prior to our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 21 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice more than two years.

Overall, patient feedback was positive; all of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Patient comments included:

*"Staff always pleasant and polite"*

*"Always been reliable, friendly practice. I am always told what the dentist is doing, I appreciate"*

*"It is an excellent practice especially the dentist, his assistance and all the staff are always pleasant and happy to help"*

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were very happy with the service provided, patient comments included:



*“Difficulty accessing orthodontist treatment for children when regular orthodontist was off sick. No regular cover”*

*“The appointments could be more flexible with orthodontist treatment as my daughter missed some time of school since having her braces”*

*“Only more available appointments”*

*“More chairs”*

## **Staying healthy**

### **Health promotion protection and improvement**

We saw that a suitable range of written information on preventative care and good oral hygiene for both children and adults was available within the waiting area for patients to read and take away, including information on smoking cessation.

All of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

### **Dignified care**

We observed staff speaking to patients throughout the inspection in a friendly but respectful and professional manner and all of the patients who completed a HIW questionnaire told us that they had been treated with dignity and respect by staff when visiting the practice.

A confidentiality policy was in place that outlined how patients' privacy and personal information would be protected. Staff confirmed that private conversations with patients would take place within one of the dental surgeries if necessary.

We saw that the doors to each dental surgery being used on the day of the inspection were closed by staff during treatments to maintain patients' privacy and dignity.

We saw that the 9 Principles<sup>1</sup> developed by the General Dental Council (GDC) were on display within the waiting area and contained within a patient information folder. This is a requirement of the regulations and helps to ensure that patients are aware of the standards of care they should receive from dental professionals.

### **Patient information**

All of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and they had received clear information about available treatment options. All but one of the patients who completed a questionnaire also said the cost was always made clear to them before they received any treatment. We saw that the costs for NHS and private treatments were displayed in the waiting area.

We saw that the names and relevant qualifications of the dental team were displayed in the waiting area of the practice in accordance with professional guidelines.

### **Communicating effectively**

We saw that some patient information was available for patients in English and Welsh. If patients wanted to converse in any another language this could be arranged through a translation service. All but one of the patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language.

During the inspection we reviewed a sample of patient records to check they were being maintained in line with professional guidelines. We saw that records contained written treatment plans for patients that included notes of the treatment options discussed during appointments. This meant that patients were provided with information to make informed choices about their treatment.

Every patient who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment.

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<sup>1</sup> The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

## Timely care

All but one of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

During the inspection we observed patients being treated in a timely manner. Staff told us that patients are informed about any small delays to their appointment times on arrival, or as soon as possible. Where possible, receptionists will try to contact a patient if waiting times are longer than 15 minutes to offer the patient the option of rescheduling their appointment.

We were told that any patients requiring emergency treatment during working hours are accommodated on the same day wherever possible. Information advising patients how they can access emergency treatment out of hours was contained within the patient information leaflet and displayed in the window of the practice. All but one of patients who completed a HIW questionnaire said they would know how to access the out of hour's dental service if they had an urgent dental problem.

## Individual care

### Planning care to promote independence

All but one of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We viewed a sample of patient records and found that patients were being routinely asked about their medical history at each appointment. Recommendations regarding other aspects of record keeping are mentioned later in the report.

The treatments and services offered by the practice were in accordance with their statement of purpose<sup>2</sup>.

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<sup>2</sup> Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used.

## People's rights

The practice was located in a pedestrianised shopping centre at street level. The reception, waiting area and dental surgeries were all located on the ground floor and therefore accessible to all. However, the toilet facilities were not accessible for wheelchair users. This is clearly reflected in the patient information leaflet so that patients are well informed before they visit the practice.

We noted that the practice had an equal opportunities policy in place which demonstrated a commitment to ensure everyone has access to the same opportunities and to the same fair treatment.

We also saw that the practice had a policy in place that detailed the arrangements for accepting new patients as required by the regulations.

## Listening and learning from feedback

We saw that paper feedback forms were available in the waiting area for patients to provide immediate comments about the service provided by the practice. The practice manager also explained how the central management team at Bupa regularly issue questionnaires to patients after their appointment to collect feedback. Results are monitored centrally and sent to the practice to review and discuss at team meetings. We noted that the results from patient questionnaires were displayed in the waiting area for patients to see which we recognised as good practice.

Information on the procedure for patients to raise a complaint or concern was displayed for patients in the waiting area and included within a patient information folder that was kept in the waiting area.

The complaints procedure was outlined for staff in a complaints policy and we found it was compliant with Putting Things Right<sup>3</sup> guidance and the Private Dentistry (Wales) Regulations 2017.

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<sup>3</sup> Putting Things Right is the process for managing patient concerns about care and treatment in NHS Wales.

We saw that a system was in place to log any formal or informal complaints received from patients. We were told that any common themes emerging from complaints are discussed during team meetings and addressed accordingly.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

Overall, we found evidence that patients were being provided with safe and effective dental care.

Clinical facilities were clean, well equipped and mostly in good condition.

Policies and procedures were in place to protect patient information and safely manage patient records in compliance with the General Data Protection Regulations (GDPR).

We identified some improvements that could be made to the infection prevention and control procedures in place at the practice.

Emergency drugs and resuscitation equipment were kept in line with national guidelines.

Improvements were needed in how patient records were kept to ensure they are in line with General Dental Council guidance.

## Safe care

### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. The practice had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose. There were no concerns given by patients over the cleanliness of the dental practice; every patient who completed a questionnaire felt that, in their opinion, the dental practice was 'very clean'.

The reception and waiting area was welcoming and bright and we saw that all areas of the practice were clean and tidy. The building appeared well maintained externally. However, there was a staff only basement area with staff changing room and toilet facilities. The stairs leading to the basement were partially blocked with buckets being used to collect leaking water from the ceiling. This posed a risk to the health and safety of the staff. We saw evidence that was being

addressed with work repair works ongoing at the time of the inspection. We also identified that an area within the basement was quite untidy and needed to be organised and decluttered even further.

The surgeries were clean and well equipped. However, the service needs to carry out maintenance to the cabinetry in some of the surgeries so that they can be easily cleaned and to avoid injury. We were told that there were plans in place to address these issues.

We saw appropriate fire extinguishers were available at various locations around the building and noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. All staff had carried out up to date training in fire safety which ensures staff know about the correct procedures to follow in the event of a fire and how to spot potential hazards. However, the service needs to implement the recommendations of the fire risk assessment by installing door handles on fire doors.

Emergency exits were signposted and a no smoking sign was displayed which reminds staff and patients of the smoke free premises legislation<sup>4</sup>. A Health and Safety poster telling staff what they need to do to ensure their health and safety in the workplace was displayed within the practice.

A comprehensive business continuity policy and disaster recovery strategy was in place which included the emergency contact details of all staff and essential business contractors to avoid confusion in the case of an emergency.

Staff could change in a dedicated staff changing room which had a lockable door to protect their privacy and dignity. Facilities were also available for staff to securely store their personal possessions as required by the regulations.

#### Improvement needed

The service need to provide confirmation that the repair works to stop water leaking into the basement has been completed.

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<sup>4</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

The service need to declutter the untidy area in the basement.

The service needs to carry out maintenance to the cabinetry in some of the surgeries in order to be easily cleaned and avoid injury.

Fire risk assessment recommendation for door handle on fire door needs to be implemented.

### **Infection prevention and control**

Overall, we found evidence that suitable infection prevention and control measures were in place which were documented in an appropriate infection control policy. The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>5</sup>.

We saw evidence of a log book that confirmed staff had been undertaking and documenting daily checks to ensure that the sterilisation equipment was functioning correctly and had been meeting validation requirements.

The service had a separate decontamination room which was visibly clean and tidy and staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections. However, we identified the following improvements to be made to the decontamination room in order to reduce the risk of cross infection:

- There was no natural ventilation in the decontamination room. The mechanical extraction unit should be repositioned to ensure that the airflow is from the clean to the dirty zone
- The number of ultrasonic handpieces need to be increased

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<sup>5</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.



- There needs to be a dedicated area for receiving contaminated instruments. An area of worktop should be clearly designated for this purpose and used for no other activity
- Need to rearrange the decontamination room to allow for manual cleaning to remove the need for this taking place in surgeries.

We saw hazardous (clinical) waste was being stored securely and saw evidence that a contract was in place for the safe transfer and disposal of such hazardous waste.

The practice used 'safer sharp' devices to help prevent or minimise the risk of an accidental needlestick injury. We looked at records evidencing acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

#### Improvement needed

The practice needs to make the following improvements to the decontamination room to mitigate the risk of cross infection:

- The mechanical extraction unit should be repositioned to ensure that the airflow is from the clean to the dirty zone
- The number of ultrasonic handpieces need to be increased
- There needs to be a dedicated area for receiving contaminated instruments. An area of worktop should be clearly designated for this purpose and used for no other activity
- Need to rearrange the decontamination room to allow for manual cleaning to remove the need for this taking place in surgeries.

#### Medicines management

We found that the practice had effective procedures and arrangements in place in relation to the handling, safe-keeping and disposal of medicines which were outlined in a medicines management policy.

The practice had emergency drugs and emergency resuscitation equipment available that were in line with the Resuscitation Council (UK) standards<sup>6</sup>.

We saw evidence that regular documented checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

The practice had a policy in place for managing medical emergencies which incorporated the most recent national guidelines for resuscitation to help maximise patient outcomes.

Staff were aware of the need to report any adverse reactions with medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme<sup>7</sup> to help ensure healthcare products are acceptably safe for patients and those that use them.

### **Safeguarding children and adults at risk**

The practice had a safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to appropriately report any concerns to the relevant local safeguarding agencies.

Staff told us that they would initially discuss any safeguarding concerns with the nominated safeguarding lead at the practice. We saw that all staff had undergone training in the safeguarding of children and vulnerable adults.

Staff were aware of the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales.

Staff told us about the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included obtaining

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<sup>6</sup> <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

<sup>7</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

references from previous employers and undertaking Disclosure and Barring Service (DBS)<sup>8</sup> checks to ensure the person is fit to work in a dental practice in accordance with the regulations.

### **Medical devices, equipment and diagnostic systems**

We inspected the clinical facilities at the practice and found that the dental equipment in the dental surgeries had been well maintained and was in good condition.

We looked at the arrangements in place for the safe use of radiographic (X-ray) equipment and were assured that the practice was meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. This is because:

- The dental team had received up to date ionising radiation training and local rules<sup>9</sup> were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted
- A comprehensive radiation policy was in place and local rules were displayed by the X-ray equipment to set out the working procedures to ensure that radiation exposure to staff is restricted
- The X-ray equipment had been regularly serviced
- A radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

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<sup>8</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

<sup>9</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

## **Effective care**

### **Safe and clinically effective care**

A schedule of regular audits was introduced to analyse the quality of dental care and service provided to patients and to identify areas for improvement. Audits on hand hygiene, antibiotic therapy, record keeping and the image quality of X-rays have recently been undertaken. We noted that an audit on compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination best practice guidelines had also taken place.

We saw that the audit activities described to us by the registered manager were detailed in a policy with the arrangements for clinical audit as required by the regulations. There was evidence in the form of reflective reports to show that the practice is making changes as a result of clinical audit.

### **Information governance and communications technology**

The practice had a number of policies in place that set out appropriate procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulations (GDPR).

Patient records were electronic and we were told that regular copies of the data are made and stored within a remote database (cloud storage) so that the original data can be restored should something happen to the practice or system and staff could no longer access them.

### **Record keeping**

We reviewed a sample of patient records being maintained at the practice to check the quality of assessing need and the planning and recording of care and treatment. We found some areas that required improvement. This is because the patient records we reviewed:

- Used non-standard, unsuitable terminology which was not specific and open to misinterpretation
- Did not include the reasons for recall intervals as required by professional guidelines
- Were not reflecting the evidence-based guidance of Delivering Better Oral Health
- Did not document risk assessments related to age and provide relevant advice and treatment

- Automatic templates need to be personalised and tailored to the individual patient.

We recommended that the practice make improvements to the way in which clinical records are maintained to bring them in line with professional guidelines.

#### Improvement needed

The service need to improve the way it records patient information in the following area:

- Avoid using non-standard, unsuitable terminology which was not specific and open to misinterpretation
- Include the reasons for recall intervals as required by professional guidelines
- Comply with guidelines on Delivering Better Oral Health
- Document risk assessments related to age and provide relevant advice and treatment
- Automatic templates need to be personalised and tailored to the individual patient.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We found that the registered manager was committed to providing high quality care to patients.

Staff worked well together and had received the necessary training for their roles and responsibilities.

A wide range of policies and procedures were in place to ensure the safety of staff and patients.

Regular staff meetings were held and staff had regular appraisals.

## Governance, leadership and accountability

Bupa Dental Care is owned by Xeon Smiles UK Ltd and run by a registered manager<sup>10</sup>, who is also the responsible individual<sup>11</sup>. They are supported by a wider team of clinical and non-clinical staff.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with patients and their co-operation and demeanour throughout the inspection process.

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<sup>10</sup> A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

<sup>11</sup> A responsible individual means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry (Wales) Regulations 2017).

The registered manager confirmed that they were aware of their duties as registered manager regarding notifications that must be sent to HIW under the regulations such as in the event of serious injury to patients.

The practice might wish to consider making use of the Health Education and Improvement Wales Maturity Matrix Dentistry<sup>12</sup> practice development tool which encourages the dental practice team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

We found a wide range of policies and procedures were in place to ensure the safety of both staff and patients. We saw that policies had been regularly reviewed in line with the regulations and that staff had to sign to evidence that they had read and understood each policy.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place so that patients can claim any compensation to which they may be entitled.

We noted that certificates were on display evidencing that the practice had public liability insurance and that the practice was legally registered to provide dental services as required by the regulations.

## **Staff and resources**

### **Workforce**

We found suitable governance arrangements in place at the practice. Staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files. New members of staff are given an induction training programme that followed British Dental Association guidelines.

All staff had access to training opportunities and we saw certificates for staff that evidenced they had attended training on a range of topics relevant to their roles to help meet their continuing professional development (CPD) requirements.

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<sup>12</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

The registered manager told us that appraisals with all members of staff will take place later in the year to provide feedback to staff about their performance and to review any CPD opportunities.

Practice meetings are held at least once a month to allow staff to identify lessons learned and provide an opportunity for staff to raise any issues they may have. Minutes of each meeting are taken and sent to all staff to ensure any absent members of staff are aware of what was discussed.

The regulations require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for both clinical and non-clinical staff to help ensure the safety of patients and staff.

We were told that the practice mostly manages to maintain an appropriate number of qualified staff working at the practice at all times without having to employ temporary locum dental nurses. However, when necessary the practice obtains agency nurses from a local agency who provide the nurses qualifications and documentation before the start of the shift. A recruitment policy was in place that set out the process to follow to recruit potential new members of staff and included appropriate pre-employment checks the practice would undertake to ensure new staff are suitably qualified and protected to work with patients.



## 4. What next?

Where we have identified improvements and immediate non-compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non-compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Bupa Dental Care Tredegar

**Date of inspection:** 4 November 2019

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non compliance issues were identified on this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:** Bupa Dental Care Tredegar

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Bupa Dental Care Tredegar

**Date of inspection:** 4 November 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
<b>Delivery of safe and effective care</b>				
The service need to provide confirmation that the repair works to stop water leaking into the basement has been completed.	The Private Dentistry (Wales) Regulations 2017	Work completed by landlords – Rugby properties In December. -no further leaks- Email available from landlord to show work completed	Gemma Danter	Completed
The service need to declutter the untidy area in the basement.	Reg 22 (2) & 22 (4) (a)	Capex request sent in to Head Office – requesting completion of work	Gemma Danter	01.06.2020
The service needs to carry our maintenance to the cabinetry in some of the surgeries in order to be easily cleaned and avoid injury.		Capex request sent to Head office Bupa with quotes requesting completion of this .	Gemma danter	01/06/2020
Fire risk assessment recommendation for door handle on fire door needs to be implemented.		New door being fitted instead to improve security – awaiting quotes from contractors	Gemma DANTER	31.03.2020

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice needs to make the following improvements to the decontamination room to mitigate the risk of cross infection:</p> <ul style="list-style-type: none"> <li>• The mechanical extraction unit should be repositioned to ensure that the airflow is from the clean to the dirty zone</li> <li>• The number of ultrasonic handpieces need to be increased</li> <li>• There needs to be a dedicated area for receiving contaminated instruments. An area of worktop should be clearly designated for this purpose and used for no other activity</li> <li>• Need to rearrange the decontamination room to allow for manual cleaning to remove the need for this taking place in surgeries.</li> </ul>	<p>The Private Dentistry (Wales) Regulations 2017  Reg 13 (3)</p>	<p>Our local contractor has been contacted and will reposition deadline 30.01.2020</p> <p>Another 2 have been purchased for the practice</p> <p>Rearranged the start of the cycle process so that it created space for dedicated area for receiving contaminated instruments.</p> <p>On inspection the inspectors discussed the use of manual cleaning and ultrasonic use, explained both was not necessary , team wishes to continue with both methods and with the space restrictions unable to allow for manual cleaning in decon room</p>	<p>Gemma Danter</p> <p>Gemma Danter</p> <p>Laura Price- Infection Control lead</p> <p>Gemma Danter</p>	<p>31.01.2020</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The service need to improve the way it records patient information in the following area:</p> <ul style="list-style-type: none"> <li>• Avoid using non-standard, unsuitable terminology which was not specific and open to misinterpretation</li> <li>• Include the reasons for recall intervals as required by professional guidelines</li> <li>• Comply with guidelines on Delivering Better Oral Health</li> <li>• Document risk assessments related to age and provide relevant advice and treatment</li> <li>• Automatic templates need to be personalised and tailored to the individual patient.</li> </ul>	<p>The Private Dentistry (Wales) Regulations 2017  Reg 20 (1)</p>	<p>On inspection the word tartar was used in records, and inspector said it should be referred to as calculous, gdp informed and no longer using tartare, also abbreviations including the use of ok is not to be used</p> <p>Dentist in a staff meeting and team agreed to improve this on record keeping</p> <p>Discussed in team meeting and gdps acting on advice</p> <p>Now completing and discussed in team meeting</p> <p>Gdps improving and tailoring record keeping</p>	<p>All Gdps</p>	<p>impleted</p>

**Quality of management and leadership**

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
There were no recommendations for this section.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Gemma Danter**

**Job role: Practice Manager**

**Date: 17.12.2019**